

1642  
Docket No.: PF-0247-2 CON

Certificate of Mailing  
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Box Non-Fee Amendment, Commissioner for Patents, Washington, D.C. 20231 on August 16, 2002.  
By: [Signature] Printed: Lyza Fimular

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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AUG 23 2002

TECH CENTER 1600/2900

In re Application of: Hillman et al.

Title: TUMORIGENESIS PROTEIN

Serial No.: 09/848,915

Filing Date: May 04, 2001

Examiner: HUFF, S.

Group Art Unit: 1642

Box Non-Fee Amendment  
Commissioner for Patents  
Washington, D.C. 20231

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## FEE TRANSMITTAL SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Response to Restriction Requirement (10 pp.); and
3. Certification and Revocation of Power of Attorney and Appointment of New Attorneys (2 pp.).

The fee has been calculated as shown below.

| Claims                                          | Claims After Amendment | - | Claims Previously Paid For | = | Present Extra | Other Than Small Entity Rate | Fee | Additional Fee(s) |
|-------------------------------------------------|------------------------|---|----------------------------|---|---------------|------------------------------|-----|-------------------|
| Total                                           | 20                     | - | 20                         |   |               | x\$18.00                     | \$  | 0                 |
| Indept.                                         | 2                      | - | 3                          |   |               | x\$84.00                     | \$  | 0                 |
| First Presentation of Multiple Dependent Claims |                        |   |                            |   |               | +280.00                      | \$  | 0                 |
| Total Fee:                                      |                        |   |                            |   |               |                              |     | \$ 0              |

☒ No additional Fee is required.☐ Please charge Deposit Account No. 09-0108 in the amount of: \$ \_\_\_\_\_

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE GENOMICS, INC.

Date: August 16, 2002[Signature]

Susan K. Sather

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